PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

1 9 65 375

CLAIMS AS FILED - PART I (Column 1)						SMAL umn 2) TYPE			LL ENTITY		OTHER THAN R SMALL ENTITY	
TOTAL CLAIMS			34					RATE	FEE]	RATE	FEE
FO	R		NUMBER FILED		NUMBER EXTRA			BASIC FEE	375.00	OR	BASIC FEE	750.00
то	TAL CHARGEA	BLE CLAIMS	34 min	us 20=	* 14			X\$ 9=		OR	X\$18≃	252
IND	EPENDENT CL	AIMS	5 mi	nus 3 =	* ?			X42=		OR	X84=	168
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter					"0" in c	olumn 2		TOTAL		OR	TOTAL	1170
CLAIMS AS AMENDED - PART II						(0.1		SMALL I	ENITITY	.	OTHER SMALL	THAN
	New the only	(Column 1)		(Colur HIGH		(Column 3)	4 .	SIVIALL		OR I	SIVIALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=		OR	X84=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDENT	CLAIM		۱ ۱	+140=		OR	+280=	
								TÖTAL			TOTAL	
(Oakuma 4) (Oakuma 0) (Oakuma 0)								ADDIT. FEE		011	ADDIT. FEE	
_	ragio. Tarres en el	(Column 1) CLAIMS		(Colur		(Column 3)	1 .					
0		REMAINING		NUM	BER	PRESENT		DATE	ADDI-		D. 75	ADDI-
ĮΞ		AFTER AMENDMENT		PREVIO PAID		EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=	1 6-6-	OR	X\$18=	1 55
	independent	*	Minus	***		=		X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM]			On		
								+140=		OR	+280=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
AMENDMENT C	1.3	CLAIMS REMAINING		HIGH NUM		222217	1 [ADDI-			ADDI-
		AFTER AMENDMENT		PREVIO PAID	OUSLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=			X84=	
 	FIRST PRESENTATION OF MULT		ULTIPLE DEI	LTIPLE DEPENDENT]	A46=		OR	∧04= ————————————————————————————————————	
* If the entry in column 1 in long than the entry in column 2 write #0" in column 2										OR	+280=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE ADDIT. FEE												
		nber Previously Pa					er fou	ind in the apr	propriate box	x in co	lumn 1.	